of Tennessee

OCTOBER 2025

BlueAlert℠

of Tennessee | Mission driven FOR 75 Years

A monthly newsletter for our provider community, featuring important updates and reminders about our company's policies and procedures. All information is broken out by line of business.

BlueCross BlueShield of Tennessee, Inc.

This information applies to all lines of business unless stated otherwise.

INSIDE THIS ISSUE

Help Prepare Your Patients for Flu Season

Fall signals the beginning of flu season in our state. Consider these tips to help prepare your patients – and your practice.

- Review recommendations from the **CDC**.
- Talk with families about the importance of the flu vaccine and how they can help lower their risk of getting sick.
- Schedule patients' flu vaccines in advance and send appointment reminders. The CDC recommends almost everyone age 6 months and older get a flu shot, preferably by the end of October.
- It's especially important that people 65 years and older get a flu shot because they're at higher risk of serious complications from the flu. The CDC recommends some get a higher dose or an adjuvanted flu shot.
- Changes in the immune system, heart and lungs can make pregnant people more prone to serious illness from the flu. Getting vaccinated during pregnancy can help protect pregnant people and help protect their baby from the flu during the first six months of life.
- Review patient medical records before visits, including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams, to see if patients have already gotten their flu shot. If not, consider offering to administer the shot during the visit as appropriate.
- If you have patients who turn 6 months old toward the end of the flu season, don't forget to order extra doses of the vaccine. Infants need two doses of the flu vaccine at least four weeks apart during their first flu season, and it's often in short supply in February, March and April.

For more information about the CDC's recommendations for flu season and young children, please click **here**.

A Faster Way to Receive Important Communications From Us

You can receive contract-related communications – including fee schedule updates – up to three days faster by switching from mail to email. By selecting email and adding a contact name and email address, you can also request email for credentialing, network operations, network updates, quality and clinical information, and financial updates.

You can update your **Contact Preferences** through our **Payer Spaces** in **Availity®**. Simply select email instead of mail for all types of communications and add a contact name and email address for each one.

Follow these steps in Availity:

1. Log in to **BlueCross Payer Spaces**.
2. Select the **Contact Preferences & Communication Viewer** tile.
3. Choose your **Contact Type**.
4. Select your **Organization** and **Tax ID**. (Tax ID is a newly added feature that lets you select a specific provider based on Tax ID. You can update contact information for all Tax IDs, including the primary Tax ID associated with the corresponding NPI.)
5. Pick a **Provider** from the drop-down list or by directly entering the provider's **NPI** and click **Submit**.
6. Follow the remaining cues and check the email **Opt In** box. Make sure email is the first option in the **Communication Preference** list on the right side. When finished, click **Save & Submit**. You can apply the same updates to other contact types by checking **Contact Type** boxes – or the **Select All** box, which automatically checks all contact types you have access to. In some cases, you may find it takes time to receive these messages through your newly specified email, and you may temporarily receive them as you did before.

Tip: If you don't see your name in the drop-down list, you can add it through the **Manage My Organization** dashboard. For the contracting contact, you may have multiple provider names in the left pane, so select the name(s) you want to update.

A Contact Preference Quick Reference Guide is available under the Payer Spaces Resources tab in Availity. If you have questions, please log in to Availity or contact eBusiness Technical Support at **(423) 535-5717, option 2**.

Troubleshooting Availity Browser Issues

Some providers are experiencing issues loading Availity while using Google Chrome or Microsoft Edge. If you're experiencing similar issues, follow the steps below to troubleshoot them.

For problems with Availity while using Chrome:

1. Close all tabs within the browser.
2. Open a new tab and input **Ctrl + H (Mac users Command + H)**.
3. Select **Delete browsing data**.
4. Select **All time**, then select **Clear Data**.
5. Open a new **Incognito tab** and go to **Availity.com** (do not use a bookmarked link).

For problems with Availity while using Edge:

1. Close all tabs within the browser.
2. Open a new tab and input **Ctrl + H (Mac users Command + H)**.
3. Select the **trash can symbol**.
4. Select **All time**, then select **Clear Data**.
5. Open a new **InPrivate window** and go to **Availity.com** (do not use a bookmarked link).

If you still need help accessing Availity, please call **(423) 535-5717, option 2**, or contact your **eBusiness Regional Marketing Consultant**.

Coming Soon: New Inquiry, Reconsiderations and Appeals Tool in Availity

We're excited to announce our new online inquiry, reconsiderations and appeals tool in Availity, coming soon. Providers currently submit by phone, fax, mail and email. This new tool will streamline that process. For more information, please contact your **eBusiness Regional Marketing Consultant**.

Find Your Authorizations Faster

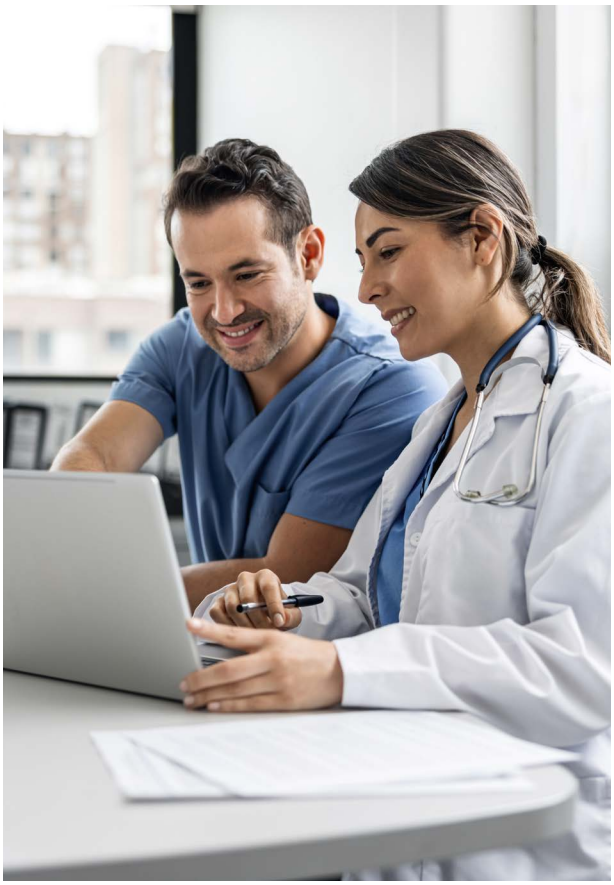
You can save time and avoid phone calls by quickly checking an authorization status in Availity. Here's how:

1. Log in to **Availity**.
2. Click on **Payer Spaces** and choose the **BlueCross logo**.
3. Choose the Authorization Submission/Review application.
4. Go to the **Auth Inquiry/Clinical Update** drop-down arrow, then choose **BCBST**.
5. Choose the **case ID number** to see the latest status.

We're no longer faxing authorization status letters, but you can view and print them here.* After choosing the case ID number, look for the letter section in the upper right to view and print the authorization letters.

*This doesn't apply to Medicare Advantage.

If you have questions, please call **(423) 535-5717, option 2**, or contact your **eBusiness Regional Marketing Consultant**.



Change of Ownership Reminder

Providers being acquired or acquiring a provider facility or group must give us at least 60 days advance notice of change of ownership (CHOW). You also need to submit a CHOW notification using the **Provider Change of Ownership Notification Form**. Once the transaction has closed, send us a copy of the executed bill of sale or purchase document (minus the purchase price) within five business days of closing. If you don't provide the required notice or documents, your payments could be impacted. For more details about CHOW requirements, please consult your BlueCross provider agreement or our PAM.

You can also find additional information in the Frequently Asked Questions document **here**.

We Want to Hear From You!

We sent our 2025 Provider Wait Time Survey earlier this year to providers participating in certain BlueCross networks. If you got a survey and haven't completed it yet, please share your feedback with us as soon as possible so we can continue improving our services to you.

Commercial

This information applies to Blue Network P℠, Blue Network S℠, Blue Network L℠ and Blue Network E℠ unless specifically identified below.

New Commercial Prior Authorization Submission Process

We'll be using Cohere Health technology to review most prior authorizations for our Commercial lines of business. For your convenience, you'll continue to submit requests directly to us through Availity.

If you have questions about using Availity, please call **(423) 535-5717, option 2**, or contact your **eBusiness Regional Marketing Consultant**. You can find more information about the Cohere process on Availity.

Billing for Commercial Claims

To help us pay you accurately and process your claims in a timely manner, remember these tips:

Primary diagnosis codes – According to the International Classification of Disease (ICD), certain diagnosis codes can only be billed in the first listed or primary diagnosis code field. There's an identifier in some ICD 10-CM guidelines for these codes. We'll edit the claim line if a primary-only diagnosis code is billed in a position other than first listed or primary.

Professional and technical component indicators – When both the professional and technical components for radiology, lab or other diagnostic procedures are performed, it's appropriate to bill the service as a global procedure (i.e., without a 26 or TC modifier appended to the CPT® or HCPCS code). Improper billing could result in claim denial and delayed payment.

Note: This article applies to Commercial, Commercial Host and FEP plans.

Authorizations for Out-of-State Members

Prior authorization requests for out-of-state members can be submitted electronically through Availity. To do this, simply:

1. Log in to Availity.
2. Select the **Authorization and Referrals** tile.
3. Enter the ordering/requesting provider information and complete all necessary fields.
4. Select **Medical Policy** or **General Pre-Certification/ Pre-Authorization**.
5. Enter the three-digit prefix.

For more information, view the **InterPlan tool**. You can also reach out to your **eBusiness Regional Marketing Consultant**.

Future Updates: See the Latest and What Changes Are on the Way

Please review the table below to find the latest information from us and what changes are on the way. If you have questions, please contact your Provider Network Manager. If you're unsure who that is, go to **My BlueCross Contact**. For questions about medical policy updates please send an email to **medical_policy@bcbst.com**.

Update Type	Availability	Where to Find It
Coding Updates	60 days before the effective date	Go to the **Coverage & Claims** page on provider.bcbst.com. Updates are located under Coding Updates in the Coding Information section.
Lab Testing Policies	60 days before the effective date	Go to the **Documents & Forms** page on provider.bcbst.com.
Upcoming Prior Authorization Changes	60 days before the effective date	Go to the **Documents & Forms** page on provider.bcbst.com. Updates are located under Upcoming Prior Authorization Changes in the News & Updates section.
Pharmacy Updates	Updated as needed	Download a summary of select upcoming drug prior authorization criteria changes **here**.
Medical Policy Updates	60 days before the effective date	Go to the Manuals, Policies & Guidelines page on provider.bcbst.com. Updates are located under **Coverage**.

BlueCare Tennessee

This information applies to BlueCare℠, TennCareSelect and CoverKids plans unless specifically identified below.

Review Recommendations for Pediatric Behavioral Health Screening

Assessing developmental, psychosocial and behavioral health is an essential aspect of well-child care and should be included as part of every EPSDT exam. Specific screenings, including screening for depression, are also needed for children depending on their age. Early detection and treatment of behavioral health conditions can help improve outcomes for children and teens.

Our BlueCare and TennCare*Select* members, including *Select*Kids, are eligible for preventive care on the same schedule published by the American Academy of Pediatrics (AAP). In addition to developmental and autism spectrum disorder screenings for young children, the AAP/Bright Futures Periodicity Schedule recommends depression screenings at 12–21 years of age, and alcohol and drug use risk assessments at 11–21 years of age.

To view which screenings are needed at each stage of development, please review our **EPSDT Provider Tool Kit**. You can find resources on providing care for children in or at risk of entering state custody on the **Best Practice Network** page of **bluecare.bcbst.com/providers**. If you're concerned about substance use or a patient's behavioral health, call us at **1-888-423-0131**.

New Behavioral Health Service: Specialized Comprehensive Treatment Teams

Beginning Jan. 1, 2026, three Community Behavioral Health providers will launch a new service: Specialized Comprehensive Treatment Teams (SCTT). These interdisciplinary teams will provide a range of intensive, integrated services, including behavioral health care coordination, treatment, and rehabilitation services to adolescents and adults (ages 12 and older) with intellectual and/or developmental disabilities (IDD) and co-occurring behavioral health conditions.

SCTT-IDD services will be available across the state. They offer flexible, community-based support – focusing on both the individual and their family or caregivers. In-person interventions will also be available 24/7 as clinically appropriate.

To refer a patient to an SCTT-IDD, please contact one of the providers below:

Clarvida (West Tennessee)

Chasity Alexander
(731) 686-9383
Chasity.Alexander@clarvida.com

Mental Health Cooperative (Middle Tennessee)

Shaun Womack
(615) 687-1778
swomack@mhc-tn.org

Frontier Mental Health (East Tennessee)

Samantha Slagle
(423) 366-2650
sslagle@frontierhealth.org

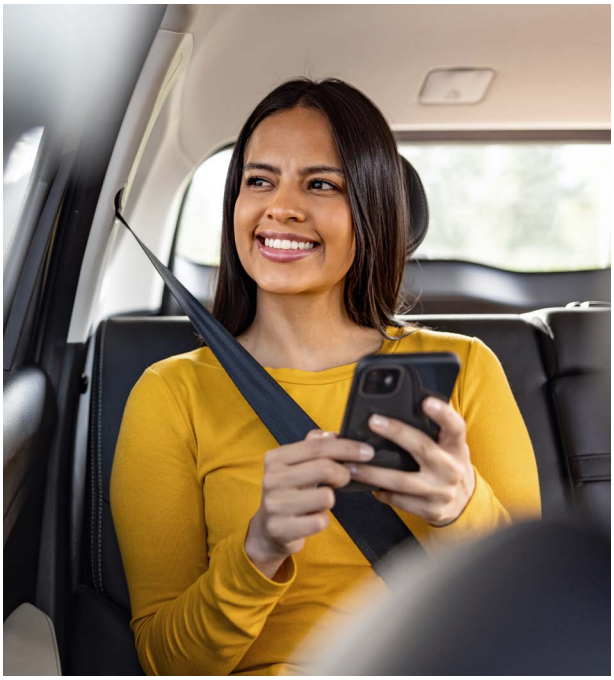
To learn more about this service, please contact your Provider Network Manager.

Mileage Reimbursement for BlueCare Tennessee Members

We're working with Verida to handle non-emergency medical transportation (NEMT) to and from covered TennCare services. Depending on a member's location, transportation options may include a shared ride service (such as Lyft), medical transport vans or other vehicles with multiple passengers, a bus pass, or mileage reimbursement.

Mileage reimbursement is a convenient option for members who have access to a vehicle or a friend/relative willing to drive them to their appointment. Members who choose mileage reimbursement will receive a form you'll need to sign to confirm they visited your office. They'll then send the form to Verida, which will refund them for the miles traveled.

Note: This doesn't apply to CoverKids.



Schedule Transportation for Your Patients After Hospital Discharge

Verida introduced a new feature in its Facility Portal that allows you to schedule NEMT for hospital discharges. The portal is monitored 24/7 to ensure timely coordination and support.

To access this feature, you'll need to create an account with Verida. If you're interested in scheduling hospital discharges through the portal, please contact **Heath Williams** at **hwilliams@verida.com** or **Kevin Reeves** at **wreeves@verida.com**. They can help you set up and access your account. For overall help using the Verida platform, please refer to the **Verida Facility Portal Hospital Discharge Reference Guide**.

Save the Date: TennCare Provider Services Town Hall

TennCare is hosting a town hall for new providers on **Oct. 23 from 10:30 to 11:30 a.m. CT (11:30 a.m. to 12:30 p.m. ET)**. The topics covered will include onboarding, website navigation, contracting with the managed care organizations and more. Registration is required, so save your spot by filling out TennCare's registration form **here**.

If you have questions, please email **provider.experience@tn.gov**.

Coming Soon: Abortion, Sterilization or Hysterectomy (ASH) Claims Review

In late 2025, we'll review BlueCare, TennCare*Select* and CoverKids claims that include an ASH code submitted with a date of service between July 1, 2024, and June 30, 2025. The retrospective ASH review includes an in-depth look at documents that may not have been required at the time claims were submitted. If you submitted a claim with an ASH code between these dates, we may contact you for additional records. **Note:** We may recover payment if we don't receive records within the requested time frame.

If you have questions about ASH review or ASH claims guidelines, please see the **BlueCare Tennessee Provider Administration Manual** or contact your Provider Network Manager.

Your Source for Division of TennCare Announcements

You can view announcements from TennCare in the **News and Updates** section of **bluecare.bcbst.com/providers**. These announcements replace the TennCare Provider Experience newsletter. We'll update them quarterly, so check back frequently for news you need.

BlueCare Plus Tennessee

This information applies to our Medicare and Medicaid dual-eligible special needs plans unless specifically identified below.

Upcoming Changes for BlueCare Plus Tennessee Dual Eligible Members

Starting **Jan. 1, 2026**, we'll be making important updates to improve care for members with both Medicare and Medicaid. These changes will help make getting care easier and more coordinated for members. This will also simplify the claims process for providers.

What's changing?

Members who have BlueCare Plus and BlueCare Medicaid will be moved to one of the BlueCare Plus Fully Integrated Dual Eligible (FIDE) plans. This change only affects people who are dually eligible and currently enrolled in BlueCare Medicaid.

What does this mean for members?

These members will have their Medicare and Medicaid services managed under one plan. Members will get one ID card for both Medicare and Medicaid services, and the card will show the BlueCare Plus Tennessee plan name and policy number.

What does this mean for providers?

You'll send all claims (Medicare and Medicaid) to BlueCare Plus Tennessee. You won't need to submit a separate claim to BlueCare Medicaid. This will help make billing simpler and reduce delays.

Prior authorization requests for services will also go to BlueCare Plus Tennessee, using the member's BlueCare Plus ID number (usually starts with ZEUY or ZEU9).

What are self-service options for providers?

To support these changes, providers should continue to use Availity to:

- Check member eligibility
- View claim status
- Submit prior authorization requests or check the status

Note: BlueCare Plus Tennessee offers three plans. This update applies **only** to members with **BlueCare Plus (HMO D-SNP)℠** and **BlueCare Plus Choice (HMO D-SNP)℠** plans who are also enrolled in BlueCare Medicaid.

Reminder: Complete the 2025 Special Needs Plan Model of Care (MOC) Training

Providers participating in BlueCare Plus Tennessee special needs plans are contractually required to complete our MOC training after initial contracting, then every year afterward. This training promotes quality of care and cost effectiveness through coordinated care for our members with complex, chronic or catastrophic health care needs. You can access the online self-study training and attestation by clicking **here**.

Medicare Advantage

This information applies to our BlueAdvantage (PPO)℠ plans unless specifically identified below.

New Chronic Conditions Plan Launching in 2026

We're excited to announce a new chronic special needs plan (C-SNP) launching in 2026 for members with diabetes and heart disease. This plan reflects our ongoing commitment to helping improve outcomes for members with chronic conditions. The new plan will provide tailored benefits, enhanced care coordination and access to specialized resources to help manage these complex conditions more effectively. Providers play a critical role in delivering personalized, high-quality care that aligns with the unique needs of this population.

If you have questions or want more information about the new C-SNP plan, contact your Provider Network Manager.

Mock CAHPS Surveys Will Soon Be Conducted Monthly

We recently changed the way we conduct mock Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. In the past, we conducted these mock surveys annually.

Going forward we'll conduct these surveys monthly. The survey will be triggered by a member getting an Annual Wellness Visit the month before. We'll share the data with providers and allow time to make any adjustments before the real CAHPS survey starts in March.

Quality Care Initiatives

This information applies to all lines of business unless specifically identified below.

Promoting Breast Cancer Awareness

Breast Cancer Awareness Month in October is a perfect time to make sure your patients are up to date on their screenings. This year, the age range for mammograms was updated. Here's what you need to know about the Breast Cancer Screening HEDIS measure and closing gaps in care.

Patients of female sex, **age 40-74**, should have a mammogram at least every two years. The date of the screening and the results should be documented in the patient's chart. Biopsies, ultrasounds and magnetic resonance imaging (MRI) won't close the gap in care because they're considered diagnostic tools instead of preventive screening tools.

Tips for Documentation

- Documentation in the chart should include **both the date and result** of the mammogram
- The following errors in documentation will not close gaps in care:
  - Using date ranges such as "mammogram 1-2 years ago"
  - Indicating only the year the mammogram was completed (for example, 2025)
    - For 2025, your records must show the mammogram was completed on Oct. 1, 2024, or later
- Documentation of only "mastectomy"
- This won't meet the intent of the exclusion unless it's documented as bilateral, or both left and right unilateral on different dates of service

Exclusions

Patients are excluded from this measure if they:

- Are in hospice or getting palliative care.
- Die at any time during the measurement year
- Have a documented history of bilateral mastectomy. The left and right sides can be completed on different dates, but both must be documented.
- Had gender-affirming chest surgery with a diagnosis of gender dysphoria at any time during the member's history through the end of the measurement period.

Follow-Up

Documentation of results and follow-up is vital:

- Document in the form of a BI-RADS assessment within 14 days of the mammogram.
- For inconclusive or high-risk BI-RADS assessment provide appropriate follow-up within 90 days of the assessment.

Pharmacy

This information applies to all lines of business unless specifically identified below.

2026 Drug List Changes

Each year, we review our drug lists and make changes based on a drug's safety, effectiveness and affordability. Although many of these changes happen at the beginning of the year, they may occur at any time because of market changes. These can include, but aren't limited to:

- Release of new drugs to the market after FDA approval
- Removal of drugs from the market by the FDA
- Release of new generic drugs to the market

Please visit the following links on the Pharmacy Resources & Forms page to view the 2026 drug list changes:

- To see the 2026 Preferred Formulary changes (available Nov. 1) and the 2026 Essential Formulary changes, click **here**.
- To see the 2026 BlueAdvantage Formulary and the 2026 BlueAdvantage Extra (PPO)SM formulary, click **here**.
- To see the 2026 BlueCare Plus formulary, click **here**.

Refer to the TennCare Pharmacy Benefit Manager for Important Updates

Please click **here** to review important notices about prescribing changes, authorization guidelines and other items related to the TennCare Pharmacy Program.

BlueCross BlueShield of Tennessee, Inc., BlueCare Tennessee and their licensed health plan and insurance company affiliates comply with the applicable federal and state laws, rules and regulations and does not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age or disability. If a member or participant needs language, communication or disability assistance, or to report a discrimination complaint, please, call **1-800-468-9698** for BlueCare, **1-888-325-8386** for CoverKids or **1-800-263-5479** for TennCare*Select*. For TTY help call **771** and ask for **1-888-418-0008**.

This information is educational in nature and is not a coverage or payment determination, reconsideration or redetermination, medical advice, plan pre-authorization or a contract of any kind made by BlueCross BlueShield of Tennessee, Inc. or any of its licensed affiliates. Inclusion of a specific code or procedure is not a guarantee of claim payment and is not instructive as to billing and coding requirements. Coverage of a service or procedure is determined based upon the applicable member plan or benefit policy. For information about BlueCross BlueShield of Tennessee member benefits or claims, please call the number on the back of the member's ID card.

Archived editions of BlueAlert are available **online.**

Contact Us Through Availity

Availity® makes it easy for you to do business with us online anytime, offering faster prior authorizations, claims decisions and more. You can log in at **Availity.com** to:

- Check benefits, eligibility and coverage details
- Manage prior authorizations
- Enroll a provider
- Request claim status
- View fee schedules and remittance advice
- Manage your contact preferences

CAQH Solutions | PROVIEW™

Be sure your **CAQH ProView**™ profile is kept up to date at all times. We depend on this vital information.

Provider Service Lines:

Featuring "Touchtone" or "Voice Activated" Responses

Commercial Service Lines	1-800-924-7141
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
Commercial UM	1-800-924-7141
Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)	
Federal Employee Program	1-800-572-1003
Monday-Friday, 8 a.m. to 6 pm. (ET)	
BlueCare	1-800-468-9736
TennCare*Select*	1-800-276-1978
CoverKids	1-800-924-7141
CHOICES	1-888-747-8955
ECF CHOICES	1-888-747-8955
Monday–Friday, 8 a.m. to 6 p.m. (ET)	
BlueCare Plus℠	1-800-299-1407
Seven days/week, 8 a.m. to 6 p.m. (ET)	
***Select*Community**	1-800-292-8196
Monday-Friday, 8 a.m. to 6 p.m. (ET)	
BlueCard	
Benefits & Eligibility	1-800-676-2583
All other inquiries	1-800-705-0391
Monday–Friday, 8 a.m. to 6 p.m. (ET)	
BlueAdvantage	1-800-924-7141
Seven days/week, 8 a.m. to 9 p.m. (ET)	
eBusiness Technical Support	
Phone: Select Option 2 at	(423) 535-5717
Email:	**eBusiness_service@bcbst.com**
Monday-Thursday, 8 a.m. to 6 p.m. (ET) Friday, 9 a.m. to 6 p.m. (ET)	

Important Note:

If you have moved, acquired an additional location, changed your status for accepting new patients, or made other changes to your practice or facility:

Please visit our payer space at **Availity.com** and update your information.

Update your provider profile on the **CAQH Provider Portal** website.

Questions? Call **1-800-924-7141**.